
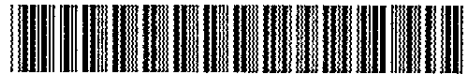


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Aug 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000001083					
1. Entity Name THE SARAH R. COLGROVE FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 10087 PEBBLE RIDGE DRIVE N JACKSONVILLE FL 32220			Mailing Address 10087 PEBBLE RIDGE DRIVE N JACKSONVILLE FL 32220		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3655585	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COLEMAN, C. RANDOLPH 9250 BAYMEADOWS RD, STE 230 JACKSONVILLE FL 32256				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$850,000.00		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP		
	COLGROVE, SARAH R	10087 PEBBLE RIDGE DRIVE N	JACKSONVILLE FL 32220		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP		
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DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP		



MOORE CR2E003 (11/03)

4. FEI Number **59-3655585**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$850,000.00** 10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in indicated on this report is true and accurate and that my signature shall have the same legal effect as the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Sarah R. Colgrove
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/2/04
Date Daytime Phone #

STAPLE CHECK HERE